FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Molnes, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organization) FORM Joell Deppe for Auditor Committee DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # 1721 CANDIDATE COMMITTEES ONLY: Logged In . Candidate Name Political Party (if applicable) Scanned Computer Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 688.32A(7) and 68A:401(3); the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REP DATE SIGNED 2013-December 31, 2013 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. I AM FILING A (report date) CHECK IF AMENDMENT TO REPORT DATED _ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ 1,221.45 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 0.00 Schedule F: Loans Received total (Attach Schedule F)... 0.00 Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0.00 (Schedule H applies to Candidates' Committees Only) 1,221,45 SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... 0.00 Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00 1,221.45 **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0.00 *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ 1,535.19 CONSULTANT BREAKDOWN (Schedule G Attached?) YES V NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

R INSTRUCTIONS, SE	E BACK OF FORM	Į	RENEW	SCHEDULE	
MMITTEE NAME (Must	t be same as on Statement of Organization) or Committee			(Rev. 02/08)	RECEIVA REPA
E: This schedule repo	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$ 1,535.19	the committee ac	count.	CHECK AMENDIN	
TI- MONETARY LO	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include	loans from candid	late's personal t	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		TIONSHIP TO	AMOUNT	F LOAN
				\$	
w 10					-
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RT II - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE THIS REPORTING PERIOD on must be reported on Schedule E In-kind Contributions.	TOTAL (P.	ART I)	\$	
RT II - MONETARY L (Loans forgiven DATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE THIS REPORTING PERIOD must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA	ART I) TIONSHIP TO TE (If Applicable)	I AMOUNT	
DATE PAID	n must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER	RELA	TIONSHIP TO	I AMOUNT	
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DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA	TIONSHIP TO TE* (If Applicable)	AMOUNT	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA REPAYMENTS	TIONSHIP TO TE* (If Applicable) (PART II)	AMOUNT	